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**\*BIBDATASHEET\***

CONFIRMATION NO. 6899

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/601,081	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 534	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 295.054US1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/172,363 06/14/2002 ABN which is a CIP of 10/014,335 12/11/2001 PAT 6,767,531

and claims benefit of 60/300,673 06/25/2001

and said 10/014,335 12/11/2001

is a CON of PCT/US00/16052 06/12/2000

which claims benefit of 60/139,065 06/11/1999

and claims benefit of 60/143,780 07/13/1999

and claims benefit of 60/149,821 08/19/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 09/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

21186

**TITLE**

SKELETAL-TARGETED RADIATION TO TREAT BONE-ASSOCIATED PATHOLOGIES

<b>FILING FEE RECEIVED</b> 1886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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